UCSF Medsounds Newsbreak

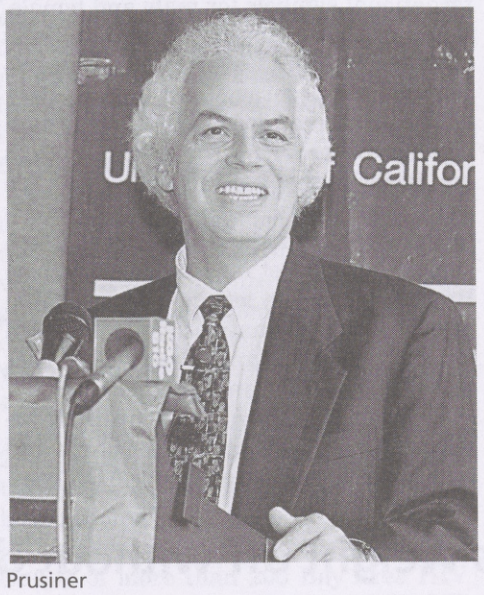
Weekly News for the UCSF Community VOL. 12, NO. 29 OCTOBER 21, 1997

Prion prize renews interest in safety of American beef supply

By JEFF MILLER

Although Americans seem genuinely reassured that their beef supply is not infected with the same novel protein responsible for Britain's outbreak of "mad cow disease" (more correctly, bovine spongiform encephalopathy or BSE), it is no great surprise that some of the first questions asked of UCSF's latest Nobel Prize winner, neurologist Stanley B. Prusiner, were on that topic. Prusiner received his prize for the discovery of these novel proteins, called prions, which the Nobel committee recognized as the infectious agents responsible for several neurodegenerative diseases (including Kuru and Creutzfeldt-Jacob in humans and scrapie in sheep) and a potential model for many others.

Prusiner himself is convinced that prions do not pose the same risk to American beef-eaters as they do in England because cattle in America are raised and fed differently. Indeed, a new FDA regulation, which went into effect last August, excludes feeds that contain sheep and cattle offal, the route of infection that seems to best explain the outbreak of disease in British cattle and — if the latest study holds up under scrutiny — in humans as well. Surveillance also has been stepped up at sales yards and slaughterhouses, where inspectors are on the lookout for animals with signs of bovine spongiform encephalopathy. (Such signs include high stepping, itching, excessive licking and depressed appetite.) State health departments and the CDC are being vigilant as well. Still, questions about food safety and possible routes of infection are likely to persist. What follows then are some of the most frequently asked questions about prion-based diseases and food safety.



Chris T. Anderson

Prusiner

What caused the British panic in 1996?

The appearance of 10 cases of a rare, sporadic and lethal degenerative brain disease called Creutzfeldt-Jacob (CJD) in young people, whose average age was 27. The normal age for sporadic cases, which occur all over the world, is 60 and older. Since the first reports, a total of 25 British citizens have died from what is being called new variant CJD. Another seven are seriously ill and expected to die. Since BSE and CJD produce similar effects on the brain — a distinctive pattern of spongelike holes in the brain — and since a recent Scottish study was able to transmit the new variant CJD in mice by injecting them with brain tissue from human victims, it seems more likely than ever that the disease in cattle was somehow transmitted to humans after eating beef or somehow being exposed to infected cattle.

How did the British cattle get infected?

It is assumed that cattle were infected when they ate protein supplements that included sheep parts, particularly brains and nerve tissue. Although it will likely never be proven, it seems that a degenerative brain disease in sheep, called scrapie, literally jumped species and moved into cattle.

Do Americans have anything to fear?

The US has banned imports of live cattle and other animals from the United Kingdom or any other country since 1989. Sheep and goat imports from the UK had been banned many years previously because of scrapie. The FDA's voluntary ban on the use of sheep and cattle scraps from slaughterhouses as a food supplement has now become mandatory as well. Moreover, cattle in the US are slaughtered at an earlier age than those in Britain, before the infectious proteins build up in the brain. To date, no case of BSE has been diagnosed in the US, despite increased surveillance.

Is it true that cases of BSE in cattle can occur spontaneously, without a huge epidemic?

Yes, which explains the increased level of vigilance among veterinarians, slaughterhouse inspectors and others in the cattle industry.

Since dairy cattle get BSE, is the milk supply safe?

Studies in the UK have shown that calves which fed on milk from infected cows did not get BSE. That suggests that prions are not transmitted through milk.

Can cats get a form of encephalopathy? And are humans at risk?

Some cats in England did get feline spongiform encephalopathy at about the same time the BSE epidemic began in Britain. Whether the disease came from infected protein supplements or infected meat is unclear. However, veterinary experts agree that the feline form of the disease poses no special risk to humans.

How does the new variant of CJD differ from the conventional form of the disease?

Apart from striking later in life, conventional CJD usually begins with dementia and movement disorders. New variant CJD begins with depression, followed by problems moving arms and legs. The new variant form also produces a distinctive pattern of protein deposits in the brain, revealed at autopsy.

Budget bills — UC loses one, wins one

Governor Pete Wilson last week vetoed a UC-friendly bill that would have guaranteed stable funding to the state's public universities for the next six years, but he approved another that cuts or freezes student fees.

The latter action is good news to future UCSF students who reside in California. The Governor's signing of Assembly bill 1318 puts a two-year freeze on fees for professional and graduate students who reside in the state and reduces by five percent fees for undergraduate students.

Annual fees for undergraduate UC students have been frozen for three years at around $3,800, but the fees for students in graduate and professional schools, such as those at UCSF, have soared in the last few years. UCSF students who reside in California currently pay from $4,500 to nearly $10,000 a year in fees, depending on their future profession and when they started at UCSF. A medical student who entered UCSF in the fall of 1994, for example, now pays annual state resident fees of $4,940, while a medical student who entered this fall pays $9,940. Dental students pay similar amounts, while this year's incoming pharmacy students pay about $7,500 — $3,000 more than what fourth-year students in the same school are paying.

The Governor's veto of Assembly bill 1415, which was strongly backed by the University, was a disappointment to UC President Richard C. Atkinson. The bill would have provided UC with at least the same share of the state budget as they will receive next year through 2003, plus additional funding to accommodate enrollment growth.

"Even though the governor vetoed this specific measure, he affirmed his strong commitment to higher education, its importance to the future of our state and his desire to develop an alternative funding method," said Atkinson.



Robert Foothorap

A fair day in the Mission

Nelson Artiga, clinic director of the UCSF Family Dental Center, points out some of the warning signs of oral health problems to Mission District residents who attended a health fair Oct. 12. Some 25 UCSF faculty and students volunteered to conduct dental, diabetes and hypertension screenings and vision, hearing and other routine tests for children. The UCSF volunteers screened some 700 fair attendees. The fair was held in recognition of Immigrant Pride Day/Dia de la Raza. It was sponsored by the Real Alternatives Program and other community organizations.

Study looks at HIV post-exposure prevention

By ALICE TRINKL

A new research project to study the safety and feasibility of Post-Exposure Prevention (PEP) following high-risk sexual or injection drug use exposures to HIV is being developed by researchers at UCSF, the San Francisco Department of Public Health (SFDPH) and the UCSF Center for AIDS Prevention Studies (CAPS).

The project will offer participants intensive behavioral counseling to avoid future exposures, HIV testing over a one-year follow-up period, and antiviral medication for those who choose to take it. The pilot phase began last week and the study will start in January 1998.

"HIV Post-Exposure Prevention is an attempt to reduce infection among those exposed to HIV recently, specifically within the last 72 hours," said Thomas Coates, executive director of the UCSF AIDS Research Institute and principal investigator of the study. "This strategy seems to be effective among those exposed to HIV occupationally, for example, health care workers." According to Coates, treatment within 72 hours may prevent infection, but after 72 hours treatment is less likely to be effective.

"It is important that people understand that this study is not to examine whether post-exposure treatment is effective; that will need to be a much more complicated long-term study," said Coates. "The aim of this study is to determine the characteristics of individuals who are exposed to HIV, to look at what

(See **HIV** on page 3)

Display of Mission Bay models opens

Architectural competitions live at the intersection of art and structure and when models for the proposed "signature" building for UCSF Mission Bay are unveiled today, it will be the public's turn to judge which of the five teams of finalists should get the green light to develop an entire 43-acre master plan.

The exhibit on the sixth floor of the American Institute of Architects (AIA) building at 130 Sutter St. will be in place through Thursday, Oct. 30. Viewing hours are 9 a.m. to 5 p.m., Monday, Wednesday and Friday and from 9 a.m. to 6 p.m. on Tuesday and Thursday. On Wednesday, Oct. 22, from 5:30 p.m. to 7:30 p.m., there will be a public comment workshop in the display area as well.

Presentations by each of the five design competition finalists will take place on Saturday, Nov. 1 from 9:30 a.m. to 6:30 p.m. in the Schwab Room of the San Francisco Museum of Modern Art at 151 Third St. The models also will be on display, having been moved from the AIA building the previous day. Final jury deliberations will take place on Sunday, with the winner selected the same day and announced Monday, Nov. 3 from the Palace Hotel.

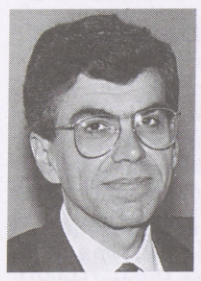
For those who are unable to visit the AIA or MOMA venues, the UCSF Public Affairs department has created a display in the lobby of the Medical Sciences building on Parnassus that includes renderings of the architectural models, as well as a companion display on science at UCSF. Pictures of the models also are available on Daybreak, UCSF's electronic daily, at www.ucsf.edu/daybreak. (A companion timeline display on the changing landscape of science at UCSF is being prepared for the main floor cases of the UCSF library.)

Members of the campus community and the general public are urged to fill out the architectural comments form and

(See **Display** on page 3)

Appointments

Richard Lucier, university librarian and assistant vice chancellor–Academic Information Management: Appointed: founding university librarian and executive director of the new UC Digital Library. The new library will blend the electronic and print holdings of UC's libraries — a collection of more than 29 million holdings — and join with other libraries in the state to make available digital collections of libraries worldwide to the academic community and the general public. Lucier said he hopes to spearhead "a truly comprehensive and integrated approach to all forms of digital communication." These include, he said, the Internet- and CD-ROM content that UC will make available first to its faculty and students and then — through partnerships with public and private libraries — to all Californians.


Lucier

"What we hope to accomplish with the digital library is the appropriate use of technology to better generate, disseminate and provide access to the scholarship and research produced by UC's nine campuses," Lucier said. Lucier, who came to UCSF in 1991, has served for the past year as special assistant for library planning and development at UC's Office of the President. He will begin his new appointment Jan. 1, 1998.

Honors & Awards

Gary Armitage, vice chair and professor in the department of stomatology: Named a fellow of the American Academy of Periodontology (AAP). The award, funded by the Procter and Gamble Company, was presented this month at the AAP's annual meeting in San Diego. He was recognized for his more than 25 years of exceptional service to the Academy. Armitage has served as chairman for the AAP's Research, Science and Therapy Committee and has been a key member of numerous other committees.

Michael Merzenich, professor of otolaryngology and physiology: Awarded the international Ipsen Prize for his work in brain plasticity research. Presented by "Fondation Ipsen pour la recherche therapeutique," the prize is named for Professor Jean-Louis Signoret (1933-1991), a neurologist who was recognized for his exceptional research in the area of neuropsychology and its application in the public arena. Merzenich, who is chief scientific officer of Scientific Learning Corporation, shares the prize with two others. Merzenich and co-researchers developed a language-learning program for children with language-learning impairments that uses cutting-edge CD-ROM and Internet-based exercises that acoustically alter speech sounds so they are more readily distinguishable.

Campus posts signs to comply with ADA

You may have noticed new signs posted around campus that point out the location of restrooms designed for ease of accessibility for individuals with disabilities.

Don't let them steer you away from where you know to go.

Just as a San Franciscan wouldn't necessarily follow the city signs to Fisherman's Wharf or Chinatown, which may not be the most direct route to the destination, faculty, staff and students also should consider the signs as a guide for those less familiar with campus facilities.

That's the message from a campus signage committee, which has been implementing the final phase of the University's broad-based program to comply with the Americans with Disabilities Act (ADA) over the past year.

The ADA specifies requirements to be used in determining which restrooms may be designated as accessible to individuals with disabilities. Accessible restrooms were previously determined using requirements spelled out in the California State Building Code, but not all of those restrooms also meet the ADA criteria. As a result, the new signs may occasionally lead to different restrooms than those that had been identified as accessible in the past. Over time, more restrooms may be modified to comply with both state and ADA requirements and the signs will be updated accordingly.

The ADA signage committee, comprised of members of Facilities Management, Campus Planning and the Medical Center, say that since the first signs began surfacing around campus, a few passersby have questioned the placement of signs and even the use of international symbols for male and female. Some of these legally mandated signs have been covered over by people questioning their accuracy.

The ADA mandates that directional signage be provided for certain spaces and facilities that are accessible to people with disabilities, such as building entrances, restrooms and telephones. Such signage must meet requirements, such as Braille and tactile lettering for essential information, adequate contrast between lettering and background, as well as font size and type style, among other things.

Finding a fully ADA-compliant restroom is easy. Typically, a set of his and hers restrooms that are fully ADA compliant are located on the first floor of each campus building. Small buildings, such as the Woods Building, have a unisex ADA-compliant restroom, complete with wide stalls, handrails, etc.

Other recent campus measures to conform to the ADA include improved access to buildings and providing drinking fountains and parking spaces that are user-friendly to individuals with disabilities. UCSF will be distributing its revised ADA signage manual around campus.

Signed into law on July 26, 1990, the ADA is a civil rights law that protects the rights of people with disabilities in several ways. Congress intended the act to break down the barriers, both physical and programmatic, that keep individuals with disabilities from taking full part in society. The ADA contains requirements for new construction, for alterations or renovations to buildings and facilities, and for revamping programs to give better access to an organization's goods and services.

If you have questions regarding the modifications to the campus signage program to comply with the ADA, please contact Kevin Beauchamp, planner, Campus Planning at 476-2911.

Obesity program keeps weight off without diets, drugs

By SUZANNE LEIGH

An obesity program that shuns diets and drugs can lead to continued weight loss two years after starting the 18-week treatment, according to weight management specialists who implemented the program at UCSF.

Researchers, who published the study in the October issue of the Journal of the American Dietetic Association, report that participants continued to lose weight and gain positive side-effects.

"Until now there has been no weight reduction method that produces weight loss that continues long after treatment ends," says principal investigator Laurel Mellin, UCSF associate clinical professor of family and community medicine and pediatrics.

Mellin has pioneered a weight management program called The Solution that followed 18 years of research at UCSF. Originally focusing on pediatric obesity, Mellin studied methods that would naturally decrease the desire to overeat so children would lose weight without restrictive dieting. Research revealed that children using the program lost weight and kept it off. When the same method was applied to adults, results appeared equally encouraging.


Michael Fahey
Mellin

The participants in the study met weekly for two-hour group meetings over an 18-week period. Researchers found that the 22 adult participants who completed the program lost an average of 12 pounds during treatment, without dieting or taking weight-loss drugs. Two years after the beginning of treatment, weight loss continued with individuals weighing an average of 17 pounds less than their starting weight. In contrast, studies of other weight-loss methods show weight regain after treatment ends, says Mellin.

Significant improvements in participants' well-being were noted at three months after the beginning of the program and at two years. At two years, 91 percent felt happier, 86 percent had improved relationships, 86 percent coped better with work, 77 percent improved their health and vitality and 67 percent decreased their blood pressure. Five individuals who had been moderately depressed were now classified as not depressed. The study also showed a continued increase in time spent exercising and a significant drop in substance abuse.

The program works by training participants in developing the internal skills that are at the root of many human behaviors, according to Mellin. "These skills include nurturing ourselves so our needs are better met, and setting effective limits to increase our sense of safety and control. Once these skills are integrated into a person's internal functioning, many excesses including overeating appear to spontaneously decrease."

Helping co-workers handle domestic violence

Many people hesitate to speak with those who they think are being abused because they don't quite know what to say, or how to say it. The best approach, according to experts at the San Francisco-based Family Violence Prevention Fund, is to relax and be yourself so that you'll automatically communicate what's important: your concern.

As October is Domestic Violence Awareness Month, take a few minutes to familiarize yourself with these tips:

- Establish a rapport with the person if you don't already have one, so that he/she feels comfortable talking with you and not put on the spot.
- Listen, without judging. Often a battered person believes the abuser's negative messages about her/himself. He/she may feel responsible, ashamed, inadequate, and afraid of being judged by you.
- Tell the person he/she is not responsible for the abuse. Explain that physical violence in a relationship is never acceptable. There's no excuse for it — not alcohol or drugs, financial pressure, depression, jealousy, or any other behavior.
- Make sure he/she knows they are not alone. Millions of women and men of every age, race and religion face abuse, and many find it extremely difficult to deal with the violence. Let him/her know that domestic violence tends to get worse and become more frequent over time, and that it does not go away on its own.
- Explain that domestic violence is a crime — as much of a crime as robbery or rape — and that he/she can seek protection from the police or courts and/or help from a domestic violence program.
- Give the person written materials about what he/she can do for protection. Local shelters have this kind of information.
- If you want to talk with someone yourself to get advice, contact a local domestic violence program. They can help you figure out what is best to do in your situation.
- Many women and men remain in the relationship, and try to get help for their abusers. Remember that, for many, separating from an abusive partner is a process and not an event, and takes time. Realize that often the most dangerous time is when the victim threatens the batterer's control by attempting to leave.
- Respect the victim's boundaries and privacy, even if you disagree with the decisions he/she is making regarding the relationship. A survivor of domestic violence may make numerous attempts to leave the abusive relationship, but it is often difficult because of financial and child care responsibilities, or threats of violence. Be patient and understanding.
- Suggest that the victim tell their doctor or nurse about the violence, asking him or her to document the abuse in medical records and take photographs of any injuries. Suggest that the victim store them in a safe place, along with a written description of what happened. These records may be helpful if he/she decides to take legal action in the future.

The Family Violence Prevention Fund is a national nonprofit organization that focuses on domestic violence education, prevention and public policy reform. To learn more about domestic violence, visit the Fund's website at www.fvpf.org.

UCSF Newsbreak

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Deadline for the next issue, to cover October 28–November 3, 1997, will be on **Wednesday, October 22.** Please send news to Lisa Cisneros at 476-3256 (cisnero@itsa.ucsf.edu) and calendar items to Nancy Heller at 476-8810 (nheller@itsa.ucsf. edu), all at Box 0462. Fax last-minute copy to 476-3541. For address and distribution changes, call C.J. Burleson at 476-6791.

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NIH OKs study of marijuana for HIV

By ALICE TRINKL

After several attempts to secure approval, funding and the government-supplied marijuana required for a study of the effects of marijuana on HIV-infected patients, a group of UCSF physician-scientists and the Community Consortium have received approval by the National Institutes of Health (NIH).

"We believe that because there are a number of HIV-infected patients here in the San Francisco Bay Area who use marijuana, it is important that we get some answers about the safety of using THC," says Donald Abrams, UCSF professor of medicine at the UCSF AIDS Program at San Francisco General Hospital and director of the Community Consortium. "We are delighted we have been given support from NIH. This study keeps us at the pioneering edge of clinical research in HIV."

The NIH will provide about $1 million for the two-year study.

The study will compare HIV-infected patients who smoke marijuana with patients who take an oral tablet of a drug called Marinol – which contains THC, the active ingredient in marijuana – with a control group that takes neither. All the patients will also be taking one of the most commonly prescribed protease inhibitors for their HIV infection, indinavir.

"We will be studying several things in these patients," Abrams says. "Protease inhibitors, like indinavir, are metabolized by the liver. We want to see if taking THC, either by smoking marijuana or ingesting Marinol, alters the safety or activity of the protease inhibitor."

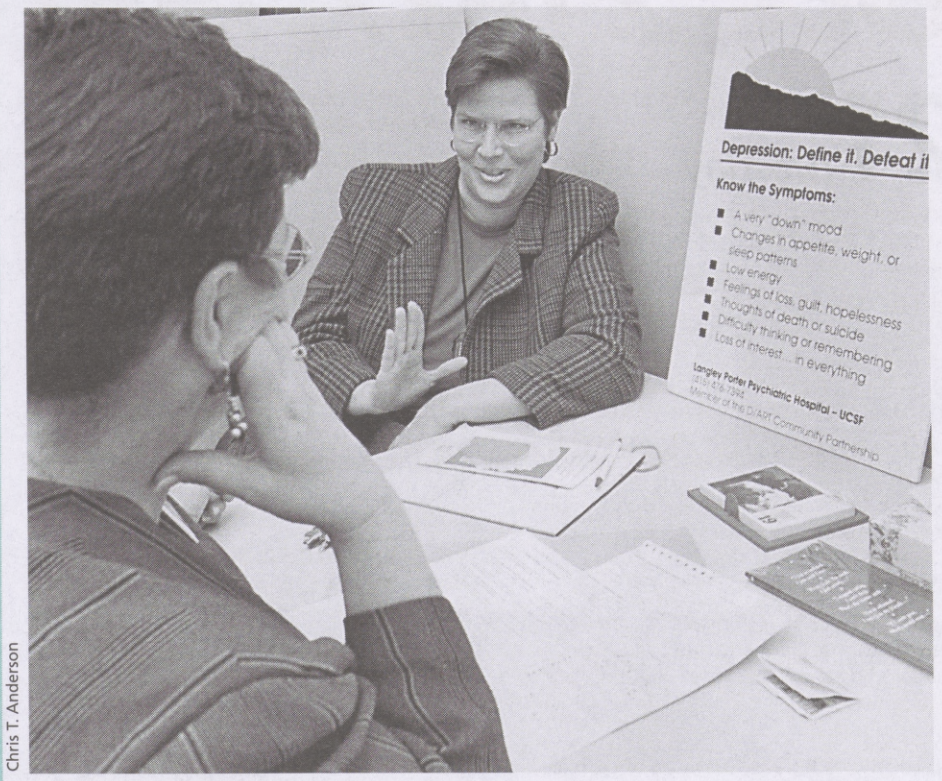
There are many possible drug interactions with protease inhibitors, Abrams points out. Smoking marijuana or taking Marinol could change the concentration of the protease inhibitor in the blood, either creating too high a level and producing toxicities, or too low a level, making the protease inhibitor ineffective.

"In this study we will be looking at safety first, whether or not there is an impact on the immune system, viral load and hormone levels and how THC affects protease inhibitor metabolism. We will also monitor caloric intake and do some tests of body composition to see if marijuana has any effect on weight gain or increase in appetite," he says. "If it seems safe, then we could go on to look at effectiveness in a future study."

The study, which will begin at the end of 1997, will enroll 63 patients over a period of two years. The patients will be divided into three groups of 21 each. One group will be given marijuana to smoke, one will receive Marinol and the third will be given a Marinol-like tablet that is a placebo (an inert substance).

All of the patients will be housed for 21 days in the General Clinical Research Center (GCRC) at SFGH where they can be monitored carefully.

The Community Consortium, an association of more than 200 Bay Area HIV health care providers, is part of the UC San Francisco AIDS Program at SFGH.



Chris T. Anderson

Getting help for insomnia

San Francisco resident Lara Wheless, right, who is having trouble sleeping, speaks with registered nurse Laura Deering, coordinator of the Oct. 9 National Depression Screening effort at Langley Porter Psychiatric Institute. People came to LPPI to talk with mental health experts during the four-hour screening, designed to bring those suffering from depression into the health care system for evaluation and treatment.

Few women know about emergency contraception, physician says

By ALICE TRINKL

The same oral contraceptives used for regular birth control are safe and effective for emergency contraception in cases when a woman has had unprotected sex within 72 hours, according to a UCSF physician-researcher.

But too few women know about this emergency contraception as too few doctors spread the word about it.

"Unintended pregnancies are endemic in the US and the costs are huge. The traditional approach to this problem has been contraception backed up by induced abortion. For decades, emergency contraception has been ignored as a method of primary prevention," says David Grimes, UCSF professor and chief of obstetrics, gynecology and reproductive sciences at San Francisco General Hospital.

Grimes' comments are published in an editorial in the Oct. 9 issue of The New England Journal of Medicine.

"Although most US obstetricians and gynecologists are aware of emergency contraception, they prescribe it infrequently. Only one percent of women in the US report ever having used emergency contraception. In contrast, 2 percent to 3 percent of women of reproductive age have had an induced abortion," Grimes writes in the editorial.

One issue, according to Grimes, is that the pharmaceutical firms that manufacture oral contraceptives have not requested that the Food and Drug Administration (FDA) approve the drugs for emergency contraception and, therefore, do not promote the drugs for this use.

"If women do not know about emergency contraception, they will not request it," he writes. "Thus, emergency contraception has had little use except in student health services, Planned Parenthood clinics, and hospital emergency departments."

Last February a citizens group petitioned the FDA to add emergency contraception as an approved use to the labels of these drugs. While the petition did not lead to a labeling change, it did prompt the FDA to approve the combination of estrogen and progestin as safe and effective for emergency contraception, Grimes says. However, FDA approval has not led manufacturers to promote their oral contraceptives for this use, he adds.

In addition to lack of promotion of the drugs, another barrier to their use for emergency purposes has been opponents of abortion who allege that oral contraceptive use in emergencies is the same as abortion. In response, Grimes says that "Pregnancy begins with implantation, not fertilization. . . (and) any method of regulation of fertility that acts before implantation is not an abortifacient (does not cause an abortion). Moreover, the estrogen-progestin regimen cannot disrupt an established pregnancy."

Grimes argues for the expansion of "after the fact" contraception. "Easy access to emergency contraception could dramatically reduce the number of unintended pregnancies, and thus of induced abortions. From a public health perspective, one can argue that all women at risk for unintended pregnancy should keep a pack of oral contraceptives handy for emergency use."

A 24-hour hotline, sponsored by the Reproductive Health Technologies Project and Bridging the Gap Foundation, offers information and referrals about emergency contraception. The number is 1-888-NOT-2-LATE (1-888-668-2528).

Governor signs UCSF-Stanford public accountability bills

In a flurry of bill-signing and vetoing of more than 1,100 pieces of legislation last week, Governor Pete Wilson approved two bills requiring the newly merged UCSF Stanford Health Care to hold open meetings and make its records public.

The bills, authored by State Senator John Burton and Assembly Kevin Shelley, at one time posed barriers to the merger, but UCSF Stanford Health Care officials and legislators reached a compromise in August.

While the bills signed by the Governor imposes open meeting and public record requirements on the merged medical centers, collective bargaining or other contract negotiations, sale of property, pending lawsuits and the terms of health care contracts will remain private in order to preserve the new organization's ability to remain competitive in the health care marketplace.

Merger support groups continue

Support groups for UCSF employees impacted by the merger of UCSF and Stanford clinical programs continue through the end of November at the following three locations:

Parnassus campus

Thursdays, 11:30 a.m.-1 p.m., and 3-4:30 p.m., in S 175

UCSF/Mount Zion

Tuesdays, 11:30 a.m.-1 p.m., 2200 Post St., Room C136A

Mission Center Building

Mondays, 11:30 a.m.-1 p.m., Room 131

These are informal drop-in support groups, and employees are welcome to come for brief visits. Lois Goodwill, PhD, of the Faculty Staff Assistance Program and the UCSF Human Resources Transition Team, is the group facilitator. For more information, call 502-2407.

Display (from page 1)

leave them in the marked "response" boxes at the AIA exhibit room, MOMA or UCSF's Medical Sciences lobby. The same form will be available on the Daybreak site as well. Response forms printed out from Daybreak should be sent to JM-MB at Box 0462 before Oct. 29. All comments will be forwarded to the jury selection committee prior to its deliberations. The campus also will have another opportunity to make its architectural feelings known on Oct. 28, from noon until 1 p.m. in HSW 303, following a brief slide presentation of the five proposals. Representatives from University Advancement and Planning, the Mission Bay Task Force and the Bay Area Life Sciences Alliance (BALSA), a privately funded non-profit corporation dedicated to promoting life sciences in the Bay Area — and which is sponsoring the competition in cooperation with UCSF — will be on hand to answer questions.

HIV (from page 1)

kinds of post-exposure prevention practices they follow and whether they comply with their treatment regimens."

The UCSF and DPH researchers will be studying whether or not PEP is safe for individuals and for communities, whether individuals will comply with a difficult treatment regimen, whether or not they can take anti-HIV drugs without significant side effects, and whether they can be counseled to modify their risk behavior. "The study will also include a component to determine community response," Coates said. "For instance, does risk taking in the community increase when PEP is introduced?"

Researchers are quick to point out that prevention is still the best way to avoid HIV infection. "While the PEP project is a reflection of the tremendous progress that has been made in HIV treatment, as public health officials and researchers we want to emphasize that avoiding exposure through effective prevention is preferable to any treatment," said Mitchell Katz, acting director of SFDPH and co-principal investigator on the PEP study.

"The study will examine whether persons who may have been exposed to HIV infection comply with treatments and change their risk behavior following the exposure. The study also will attempt to recruit the sexual partners, the 'source' patients, of the participants into the research both for treatment purposes and to evaluate whether they are HIV infected," said James Kahn, UCSF associate professor of medicine at the UCSF AIDS Program at San Francisco General Hospital and clinical director of the PEP study.

A major emphasis of the study, according to Katz, will be to counsel participants about unsafe sexual practices and provide intensive counseling about the need to comply with the treatment regimen. "We hope that receipt of the Post-Exposure Treatment can serve as a turning point in people's lives, a time to closely examine the circumstances of their exposure to HIV and to develop a plan for prevention of further exposures," said Katz.

One of the concerns the researchers have is that study participants not expose themselves further to potential HIV infection by looking upon the study as a safety net that allows them to continue to practice unsafe sex. "This is not intended to be chronic treatment for a person with chronic high-risk exposures," Coates said.

Another aim of the study is to determine what kinds of toxicities the participants experience from taking the anti-HIV drugs. "We want to study carefully what kinds of reactions our study participants may have to these treatment regimens," said Katz.

The pilot phase of the study will be held at two locations in San Francisco — at Ward 4C at SFGH and at the City Clinic, 356 7th St. Persons who believe they have been exposed to HIV infection within the last 72 hours can call 502-5-PEP 24 hours a day. For information and for eligibility requirements, people should call the California AIDS Hotline at 800-FOR-AIDS.

Oct. 21–27, 1997

21 Tuesday

NEW EMPLOYEE ORIENTATION: 8:30-10:30 a.m., S 214. Call Leonard Florendo at 476-1073 to schedule.

LIBRARY WORKSHOP: The library's multimedia lab offers a workshop for faculty members only, 10 a.m.-12 p.m., CL 222. Learn technology in education and an introduction to the World Wide Web. Cost $10. Call 476-3766.

CANCER RESEARCH TALK: Frank McCormick, director of UCSF Cancer Center and Cancer Research Institute will discuss the direction of cancer research in the next century, 12 p.m., Herbst Hall, UCSF/Mount Zion, 1600 Divisadero Street. Free. Call 476-4394.

MEDITATION CLASS: Conducted by the Brahma Kumaris Meditation Center and sponsored by the Institute of Healing Arts and Sciences, 12-1 p.m., N 617. Free. Call 584-4416 to register.

CUE WORKSHOP: The Coalition of University Employees (CUE) offers a workshop on Reclassification, 12-1 p.m. or 1-2 p.m., S 157. Learn how to prepare a reclassification case and ways to improve chances of getting reclassified. Call 641-7968 or visit the website at www.labornet.org/cue/.

BOYER FUND SEMINAR: Thomas Scanlan, department of pharmaceutical chemistry and the 1996-97 Brook Byers Award for Basic Science Research Recipient, presents *Ligand-based Approaches to Nuclear Receptor Signaling,* 4 p.m., HSW 301. Sponsored by the Herbert W. Boyer Fund. Call 476-8782.

22 Wednesday

NEWSBREAK MEDSOUNDS DEADLINE FOR NEXT ISSUE

DOMESTIC VIOLENCE EXHIBIT: The rape prevention education program presents *The Silent Witness Project: A National Touring Exhibit,* 11 a.m.-2 p.m., SFGH cafeteria. The visual exhibit is a dramatic living memorial to women who were murdered by their partners in domestic violence-related crimes. Call 476-5223.

BROWN BAG LECTURE: Laura Esserman, assistant professor, surgery and director, UCSF Breast Cancer Center at Mount Zion, presents *Breast Cancer: The Disease of the Decade...Why It Merits So Much Attention.* In honor of Breast Cancer Awareness Month, a discussion on the biology of the disease and available screening techniques, research and treatment will be presented, 12:10-1 p.m., HSW 300. Sponsored by Public Service Programs. Free. Call 476-4394.

STRESS SURVIVAL: Discover signs of stress, survival techniques to improve your ability to cope, and practices that promote a sense of calm well-being. 6-9 p.m., Millberry Union. Free to Brown & Toland Health Net members. Registration required. Call 476-1115.

23 Thursday

TAY-SACHS SCREENING CLINIC FOR PREGNANT COUPLES: 9 a.m., UCSF Medical Center. Call 476-4080 for an appointment.

WELLNESS LECTURE: Michael Rodriguez, assistant clinical professor of family & community medicine at SFGH, presents *Mandatory Reporting of Domestic Violence: What do Patients and Physicians Think?,* 1 p.m., Carr auditorium, SFGH. Free. Call 206-8610.

BENEFIT DINNER: Enjoy a special event dinner to benefit the SFGH Foundation, 5:30 p.m., Sam's Grill and Seafood Restaurant, 374 Bush St. All contributions are tax deductible to the extent permitted by law. Call 206-4478.

ARTS & PERFORMANCES: *My Best Friend's Wedding,* 5:45 and 8 p.m., Cole Hall Cinema. Cost $2-3.50. Call 476-6932 or check the website at http://artsperf.ucsf.edu.

24 Friday

PHARMACY HEALTH FAIR: The School of Pharmacy presents a health fair for all, 11 a.m.-2 p.m., MU Conference Center. There will be an information table and free screenings for diabetes and hypertension. Call 664-5712.

WELLNESS LECTURE: Ilene A. Serlin presents *Art Medicine as Alternative Medicine,* 12-1 p.m., HSW 300. Explore the role of the arts in healing through music, dance, drama, poetry, creative arts and ritual. Free. Sponsored by the Institute of Healing Arts & Sciences and Millberry Fitness Center. Call 476-3939 or visit the website at www.m.lehrer@itsa.ucsf.edu.

ARTS & PERFORMANCES: See 10/23 listing. Viewing times are 6:30 and 8:45 p.m.

25 Saturday

KAYAK TRIP: Outdoors Unlimited presents a weekend getaway kayaking. Enjoy the California fall weather by kayak! Cost $60/70/75. Call 476-2078.

UPCOMING EVENTS

Employee Community Campaign begins Oct. 27

The UCSF Employee Community Campaign, which will give staff and faculty an opportunity to contribute to community agencies via the United Way, kicks off Monday, Oct. 27.

"United Way continues to work hard in our community, making a positive difference in so many lives and families," says Chancellor Haile Debas. "Already, 70 UCSF campus leaders have made early donations totaling $19,000. If every UCSF employee participates, we can make significant impact in our community."

Employees will receive campaign packets by the beginning of next week. For more information about the annual fundraiser, call Katherine Riordon in the Public Affairs office, 476-0729.

Many UCSF staff have reached out to the community this year. In September, some 500 UCSF employees participated in the annual Week of Caring, volunteering at 27 different community programs, including senior centers, child care agencies and food banks.

Rent a Tahoe ski cabin

Outdoors Unlimited has three modern Tahoe cabins available from December through April with all the amenities. Sign up early and plan your winter weekend getaway! Students and Millberry members may reserve now, and UCSF staff may make reservations on Oct. 27. For more information, call Outdoors Unlimited at 476-2078.

Halloween carnivals



Millberry Programs and Services and EMPACT! will be hosting Halloween carnivals at various UCSF sites. Join in the pumpkin carving contests or dress for the holiday and enter the costume contests. Schedules are as follows: Thursday., Oct. 30, 11:30 a.m.-1:30 p.m., Laurel Heights; Friday, Oct. 31, 11 a.m.-1 p.m., MCB courtyard; 11:30 a.m.-1 p.m. MU gym; 11:30 a.m.-1 p.m., Mount Zion; noon-1 p.m., Executive Park; noon-1 p.m., Oyster Point; and noon-1 p.m., SFGH cafeteria. Call the EMPACT! hotline for more information at 476-6932.

Fall gift show

Enjoy early, stress-free holiday shopping on Thursday, Nov. 6, from 8 a.m. to 4 p.m., in MU gym. Featured at this fair are gift items presented by commercial vendors. For more information, call EMPACT! at 476-2675.

MLK Award nominations

Nominations are now being sought for the Dr. Martin Luther King Jr. Awards, which will be presented during MLK Week in January. Three awards are given annually — one each to a UCSF faculty/academic member, a staff member and a student. Nominations are due Friday, Nov. 7.

The selection criteria are as follows:

Extraordinary leadership in the development and implementation of programs or activities which have, within our campus community:

- promoted and advanced mutual respect, understanding and appreciation for cultural and ethnic diversity;
- promoted and advanced the recruitment and hiring and admission of underrepresented ethnic groups;
- promoted and advanced the retention and career mentoring of underrepresented ethnic groups;
- assisted in ensuring an equal opportunity for career advancement for underrepresented ethnic groups;
- and encouraged the participation of traditionally underrepresented groups in campus committees, activities and events.

Any member of the campus community may nominate someone. For more information or for nomination forms, call the Affirmative Action/Equal Opportunity Office, 476-4752. Nomination forms are also available at the Office of the Chancellor, S 126, and at the Moffitt Hospital Information Desk.

Nominations must be returned to the Affirmative Action/Equal Opportunity Office, Box 0988, 145 Irving Street, by 5 p.m., Friday, Nov. 7.

Hypertension update

The Institute for Health & Aging, and the American Society on Aging, present a lecture and panel discussion on Wednesday, Nov. 19, 4:30 to 5:30 p.m., at the UCSF Laurel Heights conference center. For more information, call 502-1052.



Wesley Wong

From left, Annelise, Andrea and Alex Dillon, the children of Irene and William Dillon Jr., UCSF professor of radiology and neurosurgery.

Get into the picture

The Hospitals Auxiliary at UCSF is again sponsoring a photo opportunity through December for faculty, staff and students to help raise funds for patient amenities.

The campus community is cordially invited to "Get into the Picture," a special offer to be captured on film by local portrait photographer Wesley Wong.

Each session costs $150, $50 of which is tax deductible, plus sales tax. The session includes about 36 proofs, two 8-by-10 enlargements of one pose and ownership of the negatives. Call the Hospitals Auxiliary at 476-4906 for Saturday and Sunday appointments and for more information.

Investment Fund Performance

Total rates of return for the UC 403(b), DCP and comparative indices

Ending September 30, 1997

UC Fund/Index	1 Month	3 Month	12 Month	5 Year*	Year To Date
UC Savings Fund	**0.49%**	**1.52%**	**6.23%**	**6.66%**	**4.62%**
US T-Bill (1-Yr)	0.45	1.35	5.59	5.04	4.20
UC Money Market Fund	**0.46**	**1.40**	**5.60**	**4.84**	**4.16**
US T-Bill (30-Day)	4.40	1.29	5.26	4.45	3.91
UC ICCF Fund	**0.61**	**1.87**	**7.60**	**7.95**	**5.63**
UC Bond Fund	**3.54**	**8.15**	**23.45**	**12.60**	**14.04**
Lehman Bros. Gov't/Corp/Yankee	1.57	3.51	9.80	6.99	6.54
UC Equity Fund	**4.62**	**5.12**	**31.64**	**18.88**	**23.31**
S&P 500	5.48	7.52	40.49	20.76	29.64
UC Multi-Asset Fund	**2.60**	**4.15**	**18.11**	**11.68**	**12.87**

* Annualized rate of return reflects average over the past five years.

Unit values for variable funds as of September 30, 1997: Equity **$203.34**; Bond **97.99**; Multi-Asset **22.40**

Unit values are similar to mutual fund share prices and change monthly to reflect changes in the market value of the fund's underlying investments, inclusive of interest and dividend income. Past performance is neither a guarantee nor a predictor of future returns.

Source: Jerry Neal, UCSF Benefits and Financial Planning